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CONFIRMATION NO. 4333

<b>SERIAL NUMBER</b> 10/664,454	<b>FILING OR 371(c) DATE</b> 09/17/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 760-68
<b>APPLICANTS</b> Mark L. Jenson, Greenfield, MN;				
** CONTINUING DATA ***** AS 8/4/06				
** FOREIGN APPLICATIONS ***** AS 8/4/06				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 12/09/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>AS</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 47
<b>INDEPENDENT CLAIMS</b> 6				
<b>ADDRESS</b> 23869				
<b>TITLE</b> Covered stent with biologically active material				
<b>FILING FEE RECEIVED</b> 1488	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	